



UTILITY BILL DIRECT PAYMENT AUTHORIZATION

I hereby authorize the City of Plainville to initiate recurring debit entries to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

_____ Financial Institution

_____ Bank Address City State Zip Code

Routing Number: _____ Account Number: _____

Type of Account Checking _____ Savings _____

_____ Service Address City State Zip Code

This authority is to remain in full force and effect until the City of Plainville has received written notification from me of its termination in such time and manner as to afford the City of Plainville and Financial Institution a reasonable opportunity to act on it.

_____ Printed Name

_____ Signature

_____ Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!!!!!!